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In re Patent Application of

RESPONSE UNDER RULE 116

EXPEDITED HANDLING PROCEDURES FACSIMILE CERTIFICATE

I hereby certify that this Amendment is being transmitted by facsimile to

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VON BORSTEL		TC/A.U.	1623 the Patent and Tradem June 22, 2007, specific			
Serial No. 09/763,955		Examine	r: Patrick T. Lewis	273-8300. /	,	7071
Filed:	February 28, 2001	Dat	e: June 22, 2007	\mathcal{L}		
Title:	COMPOSITIONS AND MI DISEASES	ETHODS FOR TREATMEN	T OF MITOCHONDRIAL RECEI CENTRALFA		ıre	<u></u> 1
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			JUN 2	For No 29 I	109	eluding
Sir:						
RESPONSE/AMENDMENT/LETTER This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby						
incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.						
Correspondence Address Indication Form Attached.						
Total	re attached as calculat effective claims after amo usly paid for 20		us highest number x \$50.00	; \$0.00 (1202)/\$0.00 (2202)	\$	
	endent claims after amer rusly paid for 3	ndment 0 mine (at least 3) = 0	us highest number x \$200.00	\$0.00 (1201)/\$0.00 (2201)	\$	
If prop	er multiple dependent cl	aims now added for first				
\$360.00 (1203)/\$180.00 (2203) Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) One Month Extension \$120.00 (1251)/\$60.00 (2251) Two Month Extensions \$450.00 (1252)/\$225.00 (2252) Three Month Extensions \$1020.00 (1253/\$510.00 (2253) Four Month Extensions \$1590.00 (1254/\$795.00 (2254) Five Month Extensions \$2160.00 (1255/\$1080.00 (2255)						1020.00
Termi	nal disclaimer enclosed,	add	\$	130.00 (1814)/ \$65.00 (2814)	\$	
☐ Applicant claims "small entity" status. ☐ Statement filed herewith						
Rule 56 Information Disclosure Statement Filing Fe				\$180.00 (1806)	\$	0.00
Assig	nment Recording Fee			\$40.00 (8021)	\$	0.00
Qther.	:			•	\$	0.00
				TOTAL FEE	\$	1020.00
CREDIT CARD PAYMENT FORM ATTACHED.						
The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A <u>duplicate</u> copy of this sheet is attached.						
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 LCM:lff			IXON & VANDERHYE y Atty: Leonard C. Mitrigrams	P.C. Mard, Reg. No. 29,009		